STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 25 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

| | EASE PRINT | | NEW HAMPSHII DEPARTMENT OF S |
|--|--|--|--|
| I. Name of Lobbyist(s) | James J. Bianco, Jr.; Adam S | Schmidt, Karen Soucy | |
| II. Name of lobbyist's p | artnership, firm or corporation, if a | ny: | |
| Bianco Profession | onal Association | | |
| (Name | of partnership, firm or corporation) | | |
| 18 Centre Stree | | NH | 03301 |
| Business Address: (Stree | t) (Town/City) | (State) | (Zip Code) |
| (603) 225-7170 (Telephone) | (603) 226-0165 (Fax) | e-mail_attys@ | biancopa.com |
| | ers: (Choose one – file separate reports | | nay file a separate report for |
| | ctions occurring in the months prior to | | the following client: |
| Cubic Corporation | n | | |
| | Full Name of Client as it appears on the Lo | bbyist Registration Form) | |
| OR All reportable transac unrelated to any particular | tions by the lobbyist (including the lob ar client. | hyist's family), or the lobbyi | ng firm listed below which are |
| - | April 26. 2017 from date of registration to 3/31/17 | July 26. 2017 activity from 4/1/17 to 6/30/. | 17 |
| | October 25, 2017 X tivity from 7/1/17 to 9/30/17 | January 31, 2018 activity from 10/1/17 to 12/2 | |
| | to fees received and no reportable in the interpolation of the interpolation in the state of the interpolation in the state of the interpolation in the inte | | |
| VI. Check if additional | reports are attached: | | |
| - | fees or made expenditures, you must I | | |
| Expense Reimhursement | | | |
| . Il'you, your tirm, or | your family has made political contrib | utions, you must file Addenc | dum C- Political Contributions |
| | A 15-B RSA 14-C and RSA 664 and hof my knowledge and belief. | sereby swear or affirm that the $\frac{16125}{62}$ | e foregoing information is true (1) Date) |

(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| II. Name of lobbyist's partnership, firm or corporation, if any: | |
|--|--|
| Bianco Professional Association | |
| (Name of partnership, firm or corporation) | |
| III. Name of Client Cubic Corporation | Date 10/25/17 |
| IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The greeduced by any expenses: | t relations, or public relations service |
| a) Total of all fees received in this reporting period | a) \$ |
| b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y | b) \$_22,520 ear) |
| e) Total of all fees received to date (Add lines a and b) | c) \$ _32,120 |
| d) Indicate the amount of any such fees that are due, but have not yet been paid | d) \$ 0 |
| V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a eeremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this repeating purpose not covered by (a) (for example: purchase of a meal with value eremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported. | client and if expenditures are made be may be filed for the lobbyist(s)/firm e aggregate total of all expenses pai xpenses; (b) the aggregate total of a le: meals purchased during a busines ess than \$10 that is given to the perso ed with a value of \$25.00 or less); an orting period of greater than \$25.00 for ue of greater than \$25, purchase of er than \$25, but not greater than \$50, expense reimbursement, or political |
| a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.b) Total aggregate of expenditures during this reporting period, not reported | a) \$ 9,600 |
| in a), of \$25 or less. | b) \$0 |
| e) Total of all itemized expenditures reported in detail in section VI. | c) \$ 0 |

| d) Total expenses for this reporting period | d) \$ _ | 9,600 |
|---|-----------|---------------------------|
| (Add lines a, b and c) | | |
| e) Total of expenses paid this calendar year, prior to this reporting period | e) \$ | 19,320 |
| (This should be the amount on line f of addendum A for last month's report) | | |
| f) Total of all expenses year to date | f) \$ | 28,920 |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from keeperiod, including by whom paid or to whom charged. | obbying f | ees during this reporting |
| Paid to: | Amoun | nt; |
| | \$. | |
| | \$ _ | |
| · | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | | |
| | | |
| | | |
| Sworn Statement/Affirmation by Lobbyist | | |
| I have read RSA 15, RSA 15-H and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief. | n that th | e foregoing information |
| | 10/2 | 25/17 |
| (Signature of lobbyist) | | (Date) |
| James J. Bianco, Jr. | | |
| (Print Name of lobbyist) | | |

.

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

| Name of Lobbying par | tnership, firm, or corpo | oration: Bianco Profess | sional Association | | |
|------------------------|--|-------------------------|---|--|--|
| | Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any | | | | |
| particular client): Cu | bic Corporation | | | | |
| Date of Report (check | one): | | | | |
| April 26, 2017 □ | July 26, 2017 🛘 | October 25, 2017 🖔 | January 31, 2018 □ | | |
| | | | nd Expenses described above, and umber of Addendum forms being | | |
| Addendum A(| s). | | | | |
| Addendum B(| s). | | | | |
| Addendum C(| s). | | | | |
| | my knowledge and be | | nt and each Addendum is true and $\frac{IO / (Q (\dot{I} / \underline{)})}{(Date)}$ | | |
| | | | | | |
| Adam Schmidt | | | | | |
| (Print Name of lobbyis | st) | | | | |

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

| Sworn | Stater | nent/Affiri | mation | by Lo | bbyist |
|--------|--------|-------------|---------|--------|--------|
| Statem | ent of | Income an | id Expe | nses f | or: |

| Name of Lobhying par | tnership. fīrm, or corpo | oration: Bianco Profess | sional Association |
|------------------------|--|-------------------------|--|
| | | | corporation and not related to any |
| particular client): Cu | bic Corporation | | |
| Date of Report (check | one): | | |
| April 26. 2017 □ | July 26, 2017 □ | October 25, 2017 🛛 | January 31, 2018 □ |
| | | | nd Expenses described above, and umber of Addendum forms heing |
| Addendum A(| s). | | |
| Addendum B(| s). | | |
| Addendum Cf | s). | | |
| | rm that the foregoing in finy knowledge and he | lief. | nt and each Addendum is true and |
| Karen Soucy | | | |
| (Print Name of lobbyis | st) | | |